

1.) CORPORATION NAME:

Cornerstone Family Insurance Services, Inc.

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1486069**

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 311 VETERANS HWY
STE B

CITY/ST/ZIP: LEVITTOWN, PA 19056

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	MICHAEL L STACHE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	311 VETERANS HWY STE B		
CITY/ST/ZIP/CO:	LEVITTOWN, PA 19056		

NAME:	WILLIAM R SHANE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	311 VETERANS HWY STE B		
CITY/ST/ZIP/CO:	LEVITTOWN, PA 19056		

NAME:	ALLEN R FREEDMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	311 VETERANS HWY STE B		
CITY/ST/ZIP/CO:	LEVITTOWN, PA 19056		

NAME:	LAWRENCE MILLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	311 VETERANS HWY STE B		
CITY/ST/ZIP/CO:	LEVITTOWN, PA 19056		

NAME:	WILLIAM SHANE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	311 VETERANS HWY STE B		
CITY/ST/ZIP/CO:	LEVITTOWN, PA 19056		

NAME:	WILLIAM SHANE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	311 VETERANS HWY STE B		
CITY/ST/ZIP/CO:	LEVITTOWN, PA 19056		

NAME: ROBERT HELLMAN JR TITLE: DIRECTOR ADDRESS: 311VETERANS HWY STE B CITY/ST/ZIP/CO: LEVITTOWN, PA 19056	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARTIN LAUTMAN TITLE: DIRECTOR ADDRESS: 311VETERANS HWY STE B CITY/ST/ZIP/CO: LEVITTOWN, PA 19056	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: FENTON TALBOTT TITLE: DIRECTOR ADDRESS: 311VETERANS HWY STE B CITY/ST/ZIP/CO: LEVITTOWN, PA 19056	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ MICHAEL L STACHE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL L STACHE, PRESIDENT PRINTED NAME AND CORPORATE TITLE	11/14/2012 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		